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PATI	ENT APP	LICATE FEE DETERN	INATION RECORD
		Effective October 1, 20	

Application or Docke: Number

10/507042

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	
(Column 1) (Column 2)							1	TYPE [	<u> </u>	OF	SMALL	ENTITY
TOTAL CLAIMS							RATE	FEE	] '	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FE	E	OR	BASIC FEE	9209	
TOTAL CHARGEABLE CLAIMS			/ O minus 20=			<u>:</u>		XS 9=		OR	XS18=	, 
INDEPENDENT CLAIMS			minus 3 =			•		X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	-290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	928	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	92704	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	. 10	Minus	-2	0	2		XS 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus		3	- [-		X43=		OR	X86=	
L	FIRST PRESE	MIAHON OF MI	JET IPLE DE	ENDENT	CLAIIVI		' [	+145=		OR	÷290=	
								TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)				•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIĞHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RAŢE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**				XS 9=		OR	X\$18=	·
	Incependent	•	Minus	***		8		X43=		OR:	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		¹ [	+145=		OR	+290=	
	:	,	•		٠	٠.		TOTAL ODIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	າກ 2) <sup>.</sup>	(Column 3).						1
ENT C	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	•	Minus	**		0		X\$ 9=		OR	X\$18=	٠.
	independent	•	Minus	***		a ·		X43=		ÖR	X86=	·
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	ENDENT	CLAIM			+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
	** If the *Highest Number Previously Paid For* IN THIS SPACE is less than 20, enter *20.*  ***ADDIT. FEE											